Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 19 1913,311 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA RATE FEE RATE FEE NUMBER FILED FOR BASIC FEE (37 CFR 1.16(a)) OR **TOTAL CLAIMS** minus 20 = X \$ OR X \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS X \$ minus 3 = X \$ OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR OR TOTAL TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY (Column 2) SMALL ENTITY (Column 1) CLAIMS HIGHEST PRESENT RATE ADDI-RATE REMAINING NUMBER ADDI-**EXTRA** TIONAL TIONAL ENT AFTER PREVIOUSLY FEE FEE AMENDMENT PAID FOR Minus ENDME Total (37 CFR 1.16(c)) X \$ OR Independent (37 CFR 1.16(b)) Minus 3 x \$\_ = X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TØ FAL OR DD'L FEE ADD'L FEE (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST  $\mathbf{m}$ PRESENT ADDI-RATE ADDI-NUMBER RATE REMAINING TIONAL TIONAL FEE ENT **PREVIOUSLY FXTRA AFTER** FEE AMENDMENT PAID FOR Minus Total (37 CFR 1.16(c)) ENDM X \$ X \$ OR Independent (37 CFR 1.16(b)) Minus = = OR X \$ ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 2) (Column 3) (Column 1) HIGHEST **CLAIMS** PRESENT O RATE ADDI-RATE ADDI-NUMBER REMAINING TIONAL FEE **EXTRA** TIONAL ENT **AFTER PREVIOUSLY** PAID FOR FEE **AMENDMENT** Minus Total (37 CFR 1.16(c)) ENDMI OR X S Independent (37 CFR 1.16(b)) Minus = OR X \$ Ā FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1 This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD  Effective Cober 1, 1997  09/913311											
CLAIMS AS FILEU - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN	
FOR NUMBER FILED			NUMBER I	EXTRA		RATE	FEE		RATE	FEE )	
BASIC FEE							7	395.00	OR		100.00
TOTAL CLAIMS Minus			20 = *		×	\$11=		OR	x\$22=	/	
INDEPENDENT CLAIMS I minus			. 3=			x41=		OR	x82=		
MULTIPLE DEPENDENT CLAIM PRÉSENT							135=			+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR		<i>7111</i>
							IOIAL		OR	TOTAL	22/
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	х	\$11=		OR	x\$22=	
MEN	independent	•	Minus		=	,	x41=		OR	x82=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1	135=		OR	+270=	
							TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
MENDMENT B	1	(Column 1) CLAIMS REMAINING AFTER AMENDMEN	A 100	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 24	Minus	to	= #	,	¢\$11=		OR	x322=	72
	Independent	. 12	Minus	-3	=		x41=		OR	x82=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>-135</b> =		OR	+270=	
9-17-03 (Column 1) (Column 2) (Column 3)						AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 24	Minus	24	= 0		x\$11=		OR	x\$22=	
	Independent	. 2	Minus	2	= <i>O</i>		x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						135=		OR	+270=	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.											

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